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83409

7590

11/18/2008

Oliver Intellectual Property LLC

P.O. Box 1670

Cotuit, MA 02635

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MILTON OLIVER	(Depositor's name)
<i>Milton Oliver</i>	(Signature)
27 JAN 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/599,627

10/03/2006

Harald Schmid

870-003-216

2021

TITLE OF INVENTION: ARRANGEMENT WITH A CONTACT ELEMENT

01/30/2009 NNGUYEN2 00000020 10599627

01 FC:1501

1510.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$0

\$1810

02/18/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
GUSHI, ROSS N	2833	439-078000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **MILTON OLIVER**
 2. **OLIVER INTELLECTUAL**
 3. **PROPERTY LLC**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EBM-PAPST ST. GEORGEN
GmbH & Co. KG

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

ST. GEORGEN
GERMANY D-78112

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **50-4732**. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Milton Oliver

Date

27 JAN 2009

Typed or printed name

MILTON OLIVER

Registration No.

28,333

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